

APPLICATION FOR  
FACULTY DEVELOPMENT FELLOWSHIP  
INSTITUTE OF AGRICULTURE AND NATURAL RESOURCES  
UNIVERSITY OF NEBRASKA-LINCOLN

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADMINISTRATIVE UNIT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PROPOSED DATES FOR THIS FELLOWSHIP: From \_\_\_\_\_ to \_\_\_\_\_

LIST ALL POSITIONS (AND DATES) HELD AT THE UNIVERSITY OF NEBRASKA (REVERSE CHRONOLOGY) INCLUDING DATES OF PREVIOUS LEAVES (EACH YEAR SHOULD BE ACCOUNTED FOR):

PROPOSED ACTIVITIES DURING FELLOWSHIP: (A letter of support should be attached from a responsible authority at institution where fellowship will be held).

HOW IS PROPOSED FELLOWSHIP RELATED TO YOUR PRESENT OR ANTICIPATED JOB RESPONSIBILITIES?

INDICATE POTENTIAL BENEFIT THE FELLOWSHIP WILL PROVIDE TO YOU, YOUR ADMINISTRATIVE UNIT, THE INSTITUTE OF AGRICULTURE AND NATURAL RESOURCES, AND THE UNIVERSITY:

CURRENT JOB RESPONSIBILITIES:

HOW WILL YOUR PRESENT RESPONSIBILITIES BE COVERED DURING YOUR ABSENCE?

ADDITIONAL SUPPORT AND RESOURCES ANTICIPATED FOR THIS FELLOWSHIP  
(Supplemental support from outside sources plus the fellowship stipend cannot exceed the applicant's full-time compensation):

ADDITIONAL RELEVANT INFORMATION, IF APPROPRIATE:

SIGNATURE OF APPLICANT:

\_\_\_\_\_ Date: \_\_\_\_\_

RECOMMENDATION:

Unit Administrator(s) \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor, IANR: \_\_\_\_\_ Date: \_\_\_\_\_

Official Approval: \_\_\_\_\_ Date: \_\_\_\_\_